



MEMORANDUM OF AGREEMENT

The Idaho Division of Health (Women's Health Check) and the undersigned Provider (page 3, this document), desire to enter into an agreement whereby the Provider will provide listed screening and diagnostic tests to women enrolled in the Women's Health Check (WHC) Program, according to the guidelines of the National Breast and Cervical Cancer Early Detection Program.

Background:

U.S. Congress passed Public Law 101-354 in 1992, creating the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Initially, the program provided education to increase early detection of these cancers. Since 1996, Idaho has been funded to reimburse providers for screening and diagnostic tests provided for eligible clients, enrolled in Women's Health Check.

A limited number of procedures may be reimbursed at Medicare rates for outpatient services (see attached list). No other services shall be reimbursed through this program. Results of all services reimbursed through WHC must be reported to the WHC Local Coordinating Contractor (Health Department or local clinic that has contracted with the State of Idaho to coordinate services and report data).

Provider Responsibilities:

The Provider acknowledges that it may have an obligation, independent of this agreement, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160, 162 and 164. If applicable, Provider shall comply with all amendments to the law and federal regulations made during the term of the agreement.

The Provider shall provide screening and/or diagnostic services as listed, for women enrolled in WHC, who are referred or in coordination with a WHC Local Coordinating Contractor (LCC). The Provider shall ensure that all services are provided by staff that are appropriately licensed for the service, according to national standards for mammography (MQSA), laboratory (CLIA-88), or professional license. The Provider shall provide proof of current insurance for Workers Compensation and Professional Liability.

The Provider shall provide listed services for WHC enrolled clients at no charge to the client. The Provider may not bill the client for any portion of covered services. The Provider must make other arrangements with the client for payment of any services not covered by WHC.

The Provider shall provide results of all services to the WHC Local Coordinating Contractor as soon as available, and within 30 days of date of service. Results shall be reported according to national standards, utilizing WHC Screening and Diagnostic Forms (see WHC e-Manual) at www.healthandwelfare.idaho.gov.

The Provider shall utilize standard form CMS-1500 or UB-92 to submit claims to WHC's Third Party Administrator, United Group Programs. Required claim information must include:

- Patient Name / Address / Date of Birth / Social Security Number (WHC unique ID number if no SSN available)
- Provider Name / Address / Tax ID Number
- CPT Code / Date of Service / Place of Service / Charges
- Name of WHC Local Coordinating Contractor where patient is enrolled
- All claims should be clearly marked: **"Idaho Women's Health Check"**
- Paper and/or electronic claims shall be submitted to United Group Programs
- For questions about a claim, Provider may contact United Group Programs at 1-800-810-9892, extension 114 (Shannon Branch)
- Claims shall be billed within 90 days of service to ensure payment
- Procedures that required pre-authorization must have the pre-authorization form attached or faxed with the claim form
- Submit all claims to:

United Group Programs, Inc.
Attention: Idaho Women's Health Check
2500 North Military Trail, Suite 450
Boca Raton, FL 33431

Women's Health Check Responsibilities:

WHC shall provide updated e-Manual, Reimbursement Rate List for covered CPT code services (updated annually), as well as training and information relating to the program.

Local WHC Coordinators will maintain active communication with Providers serving clients they enroll and for which they have responsibility. LCCs provide required data to the state and federal program, with signed release of this information provided by the patient on the WHC Enrollment Form.

WHC shall ensure client confidentiality and HIPAA compliance for clients enrolled in the program.

Patients enrolled and screened through WHC who are later diagnosed with breast or cervical cancer may apply to receive Medicaid for treatment, as long as they meet citizenship or eligible alien standards and do not have insurance. WHC shall submit applications for this treatment to Medicaid.

WHC shall communicate pertinent clinical updates, according to NBCCEDP Policies and Procedures, to maintain program quality.

This agreement may be terminated, amended, changed, or otherwise revised by mutual agreement, at the initiation of either party, with 30 days written notice to the other party.

Upon termination of this agreement, no further claims may be submitted or paid by the Third Party Administrator or any representative of the program.

(Print Name and Title)

(Date)

(Signature)

(Organization)

(Complete Address with Zip Code)

(Telephone Number)

(Fax Number)

Signed: _____

Jill Ballard, Financial Manager
Division of Management Services
Idaho Department of Health and Welfare

(Date)